

## QAT Project Review Agenda

Project Name		Agency		Review Location			
				On-site	<input type="checkbox"/>	Off-site	<input type="checkbox"/>
<b>Meeting Logistics</b>							
Date:		Location:		Start Time:		End Time:	
Project Manager		Phone		Email			
Project Review Contact		Title		Email		Phone	

### REQUESTED PARTICIPANTS:

Please ensure stakeholders for each of the following roles, at a minimum, participate in the project review meeting.

#### Roles:

- **Project Manager**
- **[Add any roles as needed]**

### PROJECT INFORMATION:

Please be prepared to address each of the following agenda items.

**Item 1: Identify and provide evidence of the current project life cycle phase.**

**Item 2: Show approved deliverables for the most recent project life cycle phase, if applicable.**

**Item 3: Describe major project changes and their impacts to the project's scope, budget, schedule, and quality.**

**Item 4: Demo system to demonstrate functionality, if applicable.**

**Item 5: Provide the following additional information:**

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